

a court could have handled this Newdow litigation. Newdow was a pro se plaintiff. That means he represented himself without a lawyer although he has had some legal training apparently. He made a lot of mistakes in his pleadings. They were very sloppy. And the court below, even though it was lenient, the district court, the trial court, threw out his case.

The Ninth Circuit Court of Appeals came and resuscitated it. They had to put a lot of Band-aids on it because procedurally it was in bad shape. It took a nearly superhuman effort to put this case up on stilts so that we could get the constitutional question for decision. It was to all appearances, Mr. Speaker, something of a reach, and I think our country deserves better. But we shall see. We shall see how this is accepted by the public, what the court itself may do about it.

But at a time when so many people are working so hard to pay their taxes, at a time when the courts are as busy as they are, and most middle Americans know if they were to bring a lawsuit it might be 3 to 5 years before they could get a decision because of the backlog and the expense, is it not interesting that the people in San Francisco seem to have sufficient time on their hands so to finely perch this question of angels on the head of a pin, so that they can reach a constitutional question that was not procedurally put to them in a way that required its decision?

I think laying out a case in this way, Mr. Speaker, will it better inform the debate? And that while I recognize with 435 Members in the House we might have some diversity of opinion about the case, even here it is bound to occupy the minds of our constituents for some time to come.

I appreciate the indulgence of the Chamber in considering it at first blush because the opinion was just issued today, this evening.

□ 2130

PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore (Mr. KERNS). Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes.

Mr. PALLONE. Mr. Speaker, let me say to the gentleman from California that I listened very carefully to what he said in analyzing that Federal court opinion that came down today; and I do agree with him that the opinion does not make any rational sense and that the use of the term "in God we trust" does not in any way violate the Constitution.

I wanted to take to the floor this evening, however, as I have so many times in the last couple of months, and talk about the need to pass a prescription drug benefit and also to give a little status report, if I can, about where I think we are on this, because I am

very concerned from some of the statements that I have been hearing today and some of the reports in the media, as well as some of the things I am hearing tonight, leading up possibly to Committee on Rules action or inaction, that there is a real possibility the Republicans will not bring up their prescription drug bill for a vote before we recess for July 4, for the Independence Day celebration.

I say that because for several months now I have been asking that the Republicans bring up this bill because I think that the issue of prescription drugs for seniors and the issue of increasing high drug prices is one of the major issues that the Congress needs to address.

When I go home to New Jersey, to my district in New Jersey, many seniors and even people in general, not just seniors, complain to me constantly about drug prices, about their inability to buy prescription drugs and the consequences that fall to their health because of their inability to buy the prescription drugs, the medicines that they need.

So I was rather happy a couple of months ago when the Republican leadership announced that they would bring a prescription drug bill to the floor before the Memorial Day recess, and I was disappointed when we went home for Memorial Day and that had not happened.

I was once again hopeful when after the Memorial Day recess in early June we heard the Republican leadership once again say they were going to bring a prescription drug bill to the floor before the July 4 recess.

Last week, we actually did have the Republican bill unveiled; and we had a 3-day and all-night marathon in the Committee on Energy and Commerce, where I serve, where the bill was discussed and the Democratic alternative was discussed. Although I think that the Democratic bill is the only really meaningful bill, and I will discuss that in a minute, I was at least happy to see that we did have the opportunity in committee to discuss medicines or prescription drugs for seniors.

So I would be extremely disappointed and very critical of the Republican leadership once again if we find out tonight or tomorrow that they still do not intend to bring this bill up. I am not surprised because I have said many times that the Republican bill is basically a sham. It does not provide any benefit for seniors. It has no real hope of providing any kind of prescription drug benefit for seniors. It does not even try to reduce price, the price of drugs, but at least if we had the opportunity to have this bill on the floor tomorrow or Friday we could then offer our Democratic substitute and see which side gets the most votes.

I am actually here tonight, Mr. Speaker, because I understand that within the next half hour or so we will be hearing from the Committee on Rules as to whether or not they will be considering the Republican bill to-

night, either at 10:00 or 10:30 or 12 o'clock or possibly tomorrow morning. If we hear that they are not, then that is a very good indication that the bill will not come to the floor for a vote. So I am waiting here, Mr. Speaker, to see what the Committee on Rules is going to do, hoping that they will allow this bill to come up and we will have a debate on probably one of the most important issues facing this country.

I am still hopeful, although I have less and less reason I suppose to be hopeful, given some of the comments that have been in the media today.

Let me explain why the Republicans may not bring the bill up. The reason they may not be able to bring the bill up is because they do not have the votes. The talk this afternoon around the House of Representatives was that they were shy 20 or 30 votes on the Republican side; and, of course, they are getting practically none, if any, Democratic votes.

Some of the reasons that were articulated today in Congress Daily, in the lead story, says, House GOP still shy of majority to pass prescription bill, and it mentions about three or four reasons why different Members were having problems with the Republican bill, which I think go far to explain why the bill is a bad bill.

So I would like to mention some of these reasons. It says lawmakers, this is the Republicans now, variously want more money for home State hospitals and rural health care, more attention to drug costs rather than coverage and guarantees to protect local pharmacies. The GOP leadership aides conceded that these groups of Republicans, in the face of the very few Democrats expected to cross party lines on a vote for the GOP bill, have left the measure short of the 218 votes needed to pass it.

Let us talk about some of these issues that some of my Republican colleagues, rightfully so, believe are wrong or do not justify their voting for the Republican bill. Maybe before I do that I should say that I am very happy to see that there might be 20 or 30 colleagues on the other side of the aisle, on the Republican side, who would be willing to say to their leadership that they do not want to vote for this bill, because I have said many times, and again, I will give some third party documentation, that this bill is nothing more than a boon to the pharmaceutical drug industry. In other words, the reason why the Republicans have put forth a bad bill and one that will not work is because they are beholden to the brand-name drug industry.

If my colleagues doubt what I say, let me mention that last week when we had a markup in the Committee on Energy and Commerce of the Republican bill, last Wednesday, a week ago today, they actually had to adjourn, the chairman adjourned the markup, the committee markup at 5 o'clock, because the Republicans had to go to a fund-raiser that was primarily being underwritten by the prescription drug

industry. So lest there be any doubt about what they were doing, it is all laid out here in the Washington Post.

This is the Washington Post from that day, which says, "Drug Firms Among Big Donors at GOP Event. Pharmaceutical companies are among 21 donors paying \$250,000 each for red-carpet treatment at tonight's GOP fund-raising gala starring President Bush, two days after Republicans unveiled a prescription drug bill the industry is backing, according to GOP officials."

"Drug companies, in particular, have made a rich investment in tonight's event. Robert Ingram, GlaxoSmithKline PLC's chief operating officer, is the chief corporate fund-raiser for the gala, and his company gave at least \$250,000. Pharmaceutical Research and Manufacturers of America, a trade group funded by the drug companies, kicked in \$250,000, too. PhRMA, as it is known inside the Beltway, is also helping underwrite a television ad campaign touting the GOP's prescription drug plan."

Pfizer Inc. contributed at least \$100,000 to the event, enough to earn the company the status of a "vice chairman" for the dinner. Eli Lilly and Co., Bayer AG and Merck & Co. each paid up to \$50,000 to "sponsor" a table. Republican officials said other drug companies donated money as part of the fund-raising extravaganza.

Every company giving money to the event has business before Congress. But the juxtaposition of the prescription drug debate on Capitol Hill and drug companies helping underwrite a major fund-raiser highlights the tight relationship lawmakers have with groups seeking to influence the work before them.

A senior House GOP leadership aide said yesterday that Republicans are working hard behind the scenes on behalf of PhRMA to make sure the party's prescription drug plan for the elderly suits drug companies.

I am glad to see that they did not work hard enough, because as of this afternoon and maybe tonight we will see, once the Committee on Rules decides what they are going to do, there were about 20 or 30 Republicans that were not willing to go along with this sham proposal so maybe PhRMA has to work a little harder so that they can make sure that this Republican bill that is basically written by the pharmaceutical companies does come to the floor.

Again, as I say, Mr. Speaker, I am not saying I do not want it to come to the floor. I wish they would bring it up because I think we can defeat it and we can pass a good bill, which is the Democratic substitute.

I see my colleague from Connecticut is here tonight. He has been here before to talk about this bill, and I appreciate his coming, and I would like to yield to him at this time.

Mr. McDERMOTT. Mr. Speaker, I thank the gentleman from New Jersey for yielding to me and again applaud his efforts on behalf of senior citizens all across this country. Clearly, if I might piggyback on some of the things that he said earlier, it has been our

hope all along that, and I am so pleased he mentioned the number of valiant Republicans who are holding out, who are holding out on behalf of senior citizens all across this country, who implicitly understand that this specific remedy for prescription drugs belongs rightfully under Medicare, where it should have been placed in 1965 at the bill's inception, and it is because of their great courage that they are willing to go against their leadership, which is a difficult thing to do, and to go against the vested interest of the pharmaceutical industry, as my colleague has pointed out, and stand with those seniors in their district who have become refugees from their own health care system, people who have to get in automobiles or trains or buses and travel to Canada in order to obtain the prescription drugs at an affordable price that their doctors have told them they must have in order for their survival.

These are the same people that, without congressional action, will have to be making the nightly decision between feeding themselves or taking the prescription drugs that their doctors have said they must need in order to sustain themselves or, in our neck of the woods, either heating their homes in the winter or cooling them in the summer.

This is unconscionable. We are a better Nation than that. I commend my colleagues on the other side of the aisle, and I hope they can resist the unbelievable pressure I am sure that will be brought to bear on them over the next several days to conform with the majority party's desire to bring this program forward.

As the gentleman from New Jersey has said, I hope that we bring some benefit forward. My concern, it is one that I have expressed back in my district, is that we have an opportunity to see the plans side by side so that the American public gets to see the opportunity that Congress has presented them as a benefit to deal with the ever-escalating costs of prescription drugs.

We have said before on this floor, and it has been well chronicled, that especially when we talk about our seniors, that they are the greatest generation ever and rightfully so. They have been heralded by Tom Brokaw. They have been talked about on countless TV shows, heralded in the movies, in books, in literature. But what they really want is an end to the platitudes and the realization of policy, policy by way of prescription drug relief that is affordable, that is accessible, that is available.

The Democratic plan offers that kind of a program to seniors. Perhaps the other side believes that their program is more viable; and, hey, this is a great country and we ought to have room for people to disagree and present their programs, but American citizens ought to know the choices that they have and the difference between the programs.

My local paper, the Hartford Current, the other day issued an editorial say-

ing that they thought there was very little difference between the programs.

□ 2145

I could not disagree more with that assertion and that this was not a bad first step, something we have heard on this floor from our colleagues. If the Republican plan were to be initiated, it would be a step in the wrong direction. I believe we have to be pretty practical about this stuff, and the paper brought out that they were concerned about costs and a number of issues that they raised with respect to a comparison between the Democratic plan and the Republican plan. Let us be clear about it. We are unabashedly proud of the fact that we believe this should be included under the Medicare program, and we believe it should be included under Medicare because, at its inception in 1965, prescription drugs were not thought to be the problem that they have become today. But clearly this is a benefit that our elderly not only need but richly deserve, and so it makes ever so much sense for it to be included here.

I hail from the First Congressional District in Hartford, the insurance capital of the world, perhaps, arguably, the HMO capital of the world as well. And I have talked to the CEOs, and I have talked to the people in this business. The proposal that Republicans have put forward, and I have to believe they have done it in good faith, they have many bright and talented people on that side of the aisle, but this is an underwriter's, an actuary's, a risk manager's nightmare. Aside from setting up obvious adverse selection, the pricing involved in trying to come up with the program like this is out of reach for so many of our elderly and so, therefore, from our perspective, a sham.

I commend those on that side of the aisle who have the courage of their conviction to stand up and say this is wrong. It is my sincere hope as a Member that we are going to get to vote on the Republican plan and the Democratic plan. This is what the American public deserves. This is what a democracy is all about. Let the two proposals stand on their respective merits and end all the so-called partisan quibbling by simply and matter of factly putting forward two plans side by side for all of our constituents to examine. Let us not be harried by rules. Let us not have this whole issue cast aside and only one vote that is going to come forward. Let us look at the proposal side by side and then stand up and be counted.

Our colleagues on the other side who have resisted going along with a plan that privatizes prescription drugs should be commended, should be supported. But even if Democrats and valiant Republicans on that side who believe with us fail, we should at least have the opportunity in this body to vote on the plans that we believe in, that we have gone back to our districts and talked about with our constituents who are crying out to us for help.

Mr. Larson (erroneously attributed to Mr. McDermott)

The Hartford Current concluded that this issue should be taken up. This is a match that cannot be postponed, because of the ongoing daily needs that so many senior citizens have in this country. So I commend the gentleman from New Jersey (Mr. PALLONE) again for his outstanding efforts in this area and again thank our colleagues on the other side for at least now having the temerity to bring the issue forward. I disagree with their privatization attempt. I think it is wrong. I think it is an unworkable situation that people in the insurance and HMO industry understand as well; but I do think it is important that we vote this issue up or down and have an opportunity to examine side by side what the programs will offer.

And one last thing, because the paper concluded that the costs might be too high. We have gone through a horrific time in this Nation since September the 11th. I commend the President of the United States for bringing this Nation together, for having us focus as communities, as a Nation, calling upon Americans to sacrifice as we move forward. But this Greatest Generation lived through the first day of infamy back on December 7, 1941; and now having lived through a second day of infamy on September the 11th, they should not be made to be the only people making sacrifices here. So when we say there is not the money there to assist these people, that is an outrage. Of course there is the money, and if that means freezing the tax cuts that we have put forward 10 years out, then that is what we should do on behalf of these citizens who have given so much to their Nation. Minimally, we owe them the opportunity to live out their final days in the dignity that we would want for each and every one of our parents.

I commend the gentleman from New Jersey.

Mr. PALLONE. I want to thank my colleague from Connecticut, Mr. Speaker, because he raises so many really good issues, and I just want to key in on a couple of them, if I could.

The gentleman mentioned the Hartford paper talking about the cost of the plans. I have said it so many times, and the gentleman basically touched upon it as well tonight, that it is not only that seniors deserve a prescription drug benefit, but it also makes sense from a financial point of view. Think about the fact, as the gentleman said, that, first of all, it could easily be paid for by simply postponing some of these tax cuts that primarily went for the wealthy and for corporate interests. We are not even talking about now. We are talking about in the outyears, 10 or 12 years from now.

Mr. LARSON of Connecticut. Exactly.

Mr. PALLONE. The second thing is what the Republicans have done with these tax cuts, of course, is to drive us back into debt where we are now using the Medicare and Social Security trust

funds to pay for daily operating expenses of the Federal Government. I would much rather see the Medicare trust fund used for a Medicare benefit, like prescription drugs, rather than to run the country, because that is not what it is for. It is supposedly for the Medicare program.

The last thing, and in many ways the most important, is the fact that we provide a generous benefit under Medicare, and we are not proposing anything that is out of line. We are just modeling it after part B. Part A of Medicare pays for the hospital bills, and part B pays for the doctor bills. And right now if an individual wants their doctor bills paid for, they pay a premium, I think it is like \$45 a month, with a \$100 a year deductible, and 80 percent of the cost of the doctor bills are paid for by the Federal Government.

Well, we are doing the same thing with our bill. Our bill says we will create a new part D, where an individual pays only \$25 per month for their premium, they have a \$100 deductible, and 80 percent of the cost of their drug bills, up to \$2,000, is paid for by the Federal Government. After that, it is 100 percent.

This is not rocket science here. This is just the same old, same old Medicare, but now using the same principle used for paying doctors we are now using to pay for prescription drugs.

The problem is, as the gentleman said, and I will go to the second point the gentleman made that I wanted to mention, is that we came up with a simple proposal under Medicare, and Medicare has worked for 35 years; and yet the Republicans say we cannot do that. They do not want to continue and extend Medicare; they want to give money to the private insurance companies in the hopes that somehow they will provide a benefit. But they do not define what that benefit is; they do not say how much is to be paid for the benefit. We do not even know if they will offer the benefit.

And as the gentleman says, most of the insurance companies and the trade associations are saying they do not want to provide it. No one can go out and buy a drug-only policy now, so why should they provide it overnight because the Federal Government gives them a little money? It is not going to happen.

So the biggest concern we have as Democrats, and the main reason we think the Republican bill is a sham, is because these policies are not going to be sold. And if they were to be sold, we calculate that the benefit to the average senior is about 20 percent of the cost of their drug bill. So who would even pay \$35, \$45, \$50, whatever the premium is per month, to get only 20 percent of their drug bill paid for?

So the whole thing really is just a sham. It really is. I yield to the gentleman.

Mr. LARSON of Connecticut. It is not practical. And I do not want to say

this, because I hail from a part of the country that has a deep understanding of insurance and a deep understanding of risk management and spreading risk over a large population; but actuarially and from an underwriting perspective, when they take a look at trying to underwrite very narrowly those who would opt in to a voluntary program, by its very nature it sets up an adverse selection.

So, therefore, to price this would be very difficult. If they are further forced to price it artificially, we have all seen what has happened to HMOs across the country when this happens. They pull out of the program and the elderly are left without insurance or, in this case, they would be left without prescription drug coverage. It is intuitively obvious; and I think that people, the elderly out there, understand it.

My dad, God rest his soul, and the gentleman reminded me of something that he would say all the time when he was addressing the fairness of this issue, especially when we look not only here in this country but into our immediate borders, but also when we look all across the industrialized world and see the benefits that they provide for their seniors.

My dad used to give his lectures to the family. He would, on Sunday afternoon dinners, and usually by evoking the holy family's name, but always talking about how great the country was and how we had risen to be the pre-eminent military, social culture, and economic leader in the world. Then he would turn to my mother and say, But look at the benefits that are offered to the very people we defeated in the Second World War. We defeated the Germans and the Japanese; and then we, as only this country would do, turned around and rebuilt and restored those nations so they are our very economic competitors today. He would turn to my mother and say, And look at the benefits that they have; look what they offer their people. And he would say, "Jesus, Mary, and Joseph, Pauline, who won the war?"

His point was that their countries valued the service of their citizens more than our country. And while we all know how much we value the great service, because clearly we have chronicled it, as I have said earlier, in books and in movies and on talk shows, but the proof ultimately is in the legislation and the policy that we write here.

If we care about those veterans that serve so valiantly, if we care about our aging population, then what we should do is provide them with the benefit that they have richly earned.

□ 2200

This is not an entitlement in the sense that it is something that we are handing out. This is something that has been more than paid for by the sacrifice of a generation who made us what we are today. For us at this point in time, at this historic moment to turn our backs on our elderly in their time of need is just outright wrong.

That is why I have come to the floor so many nights along with the gentleman from New Jersey (Mr. PALLONE) to express our concern. All I am asking is that we get an opportunity to vote on the plan that we believe is in the best interests of senior citizens and the American public. Let them stand side by side, and let them go through the test of being under the bright lights, and then let people across this country decide what truly is the best plan.

Mr. PALLONE. Mr. Speaker, we are supposed to have an idea within the next 5 or 10 minutes about whether or not the Committee on Rules is going to consider the Republican bill and then whether or not they will consider a Democratic alternative. I hope, as the gentleman said, we do have an option to vote on the issue and debate the issue over the next few days, and in the context of that we do have the Democratic alternative or other options, certainly.

Mr. Speaker, if I can spend a little time talking about some of the reasons that we have seen in the media over the last 24 hours why there may be as many as 20 or 30 of our colleagues on the Republican side who are not willing to vote for this Republican bill. I think we sort of articulated already the general reason, which is that this Republican bill is not a Medicare benefit. It is not guaranteed to anyone because it basically operates through private insurance companies, and they may not offer it at all, or in various parts of the country.

But there were other specific things that came up today, and again I am looking at Congress Daily this morning that has an article, "House GOP Still Shy of Majority To Pass Prescription Bill." The Republican bill does not address the issue of cost, does not do anything to reduce prices for prescription drugs. In fact, there was a reference that was pretty clear where one Member specifically said if the bill did not address the price of prescription drugs, what good is it, because how can we ever afford it if there are no price reductions.

I go back to the fact that this bill was largely written by the pharmaceutical industry, and the major issue that we could see when we had the markup in the Committee on Energy and Commerce, not only were Republicans unwilling to vote for the Democratic substitute and make this a Medicare substitute, but, more than anything else, they were not willing to vote for any amendment or measure proposed by the Democrats that addressed the issue of price reduction. We had a series of amendments which they refused to consider.

Of course, the Democratic substitute, as the gentleman knows, says that because this is a Medicare benefit and all 30 to 40 million seniors are part of the program and get the benefit, that we mandate under the Democratic bill that the Secretary of Health and Human Services negotiate prices for

those 30-40 million seniors that would lead to reductions in price and lower cost.

Because there is this huge insurance pool now, we know that he would be able to reduce prices significantly, just as we have with the VA or the Federal Supply Schedule or some of the other Federal programs where they have reduced prices 30-40 percent because of the negotiating power of having so many people.

The one thing that was interesting to me was not only was every amendment on price struck down by the Republicans, but during the markup we realized that they had actually put in a section in the bill that was entitled noninterference. I am not going to read all of it, but this title specifically says, in carrying out the administrator of the prescription drug program's duties, it says that, "The administrator may not require or institute a price structure for the reimbursement of covered outpatient drugs; 2. interfere in any way with negotiations with regard to the prescription drug sponsors or Medicare+Choice organizations, drug manufacturers, wholesalers or other suppliers of covered outpatient drugs."

Not only have they not put something in affirmatively to address price, but the Republican bill does not allow the administrator of the program to do anything to affect price. So they clearly, totally go down the road of what the pharmaceutical companies say and do not deal with the price issue at all.

Mr. Speaker, I yield to the gentleman from Connecticut.

Mr. LARSON of Connecticut. And yet they have a great opportunity. I want to commend those valiant Republicans who have stood up to their leadership. I will not use the Member's name who said, I have to choose between my leadership and the senior citizens that I represent.

We have seen this happen before. We saw it with campaign finance reform. I saw a member of my delegation, the gentleman from Connecticut (Mr. SHAYS), stand up along with many Republicans on that side and do the right thing in terms of campaign finance reform. We saw the same thing in the Patients' Bill of Rights. We saw the gentleman from Iowa (Mr. GANSKE) stand up and do the right thing, and the Patients' Bill of Rights was achieved. We have an opportunity here if we come together and are able to examine these various proposals side by side and then vote on them.

I believe in my heart of hearts, and I have no illusions that many people around the country are listening to the dialogue between the gentleman from New Jersey (Mr. PALLONE) and myself, but for those that are and can still contact and call people in their respective States to tell them just how important this is, to have a vote, to deny people to be able to have an amendment on pricing in the United States Congress just is so contrary to everything that we stand for.

Mr. PALLONE. If the gentleman would yield, I just found the reference. It was the gentleman from Minnesota (Mr. GUTKNECHT) who spoke earlier on the floor tonight. He was the one quoted in this article in Commerce Daily.

It says, "The most problematic revolt is coming from a group of Republicans who want the bill to address price issues rather than coverage." It has a quote by the gentleman from Minnesota (Mr. GUTKNECHT). "The central issue is affordability. As we move down the path towards passage of a drug benefit, that issue has been given short shrift."

He wants to include in the bill an amendment he has pushed through the House before. It would make it easier for Americans to reimport U.S. made drugs from other countries at controlled prices. He said, "I am tired of subsidizing the starving Swiss." He was actually on the floor tonight talking about the reimportation issue, which is one way to bring down price. If we allow drugs to come from Canada or other countries and create competition that way, prices would come down considerably.

But this was an amendment just like his that I offered in the Committee on Energy and Commerce that the Republicans voted against because they did not want to see any reimportation because it would address the issue of price.

Mr. LARSON of Connecticut. Mr. Speaker, we are in the minority. We do not have the numbers to stop whatever the majority will is. Within the Republican caucus reside Members like the gentleman from Minnesota (Mr. GUTKNECHT) who are in my mind true heroes in this body who are willing to go against the tide, who are willing to stand up to their own leadership, who are willing to stand up to the pharmaceutical industry and say, wait a minute, these seniors have waited long enough. They have endured far more than they should. I applaud the gentleman from Minnesota (Mr. GUTKNECHT) and those valiant Republicans.

Mr. PALLONE. Mr. Speaker, this says at the same time the gentleman from Missouri (Mrs. EMERSON), who supports the amendment of the gentleman from Minnesota (Mr. GUTKNECHT), and wants to add a measure she is sponsoring to make it more difficult for brand-name drug companies to delay the market entry of generic medications.

Again, that is something that is in the Democratic substitute. As the gentleman knows, if there is a patent exclusivity for a period of time, then of course the company that developed and gets the patent has an exclusive right.

To be honest, something like 50 percent of the brand-name drugs are under patent right now, exclusivity, and therefore we cannot bring a generic to market. That basically inflates the price of the prescription drug.

What happens is when those patents run out, the pharmaceutical companies

use all kinds of gimmicks to try to delay the generic coming to market. That is what the gentlewoman is trying to eliminate. I know that the gentleman from Ohio (Mr. BROWN) has a bill, and some of that language is included in our Democratic substitute that would close those loopholes. Again, this is a pricing issue. Because if we bring generics to market, we reduce the cost of prescription drugs.

Mr. LARSON of Connecticut. Mr. Speaker, the gentlewoman from Missouri (Mrs. EMERSON) is absolutely right. I think what is also compelling about the Democratic initiative is the ability, and I think people understand this readily, to be able to leverage the great buying power that the Federal Government would have in terms of initiating a program under Medicare.

Currently, whether you are a large corporation, whether you are the Federal Government itself, or whether you are a large labor union, you have the opportunity to go directly to pharmaceutical companies and leverage deep discounts in order to make prescription drugs more affordable. Medicare is a Federal program. Medicare would provide us with an opportunity to have large numbers that will allow us to leverage and bring down the cost, just like every other western industrialized country in the world is able to do. This makes common sense.

I commend our colleagues on the other side of the aisle who understand at the heart of this issue is price and getting the cost down here and being able to have a program that is affordable, that is accessible, and will be ready available and, most importantly, workable for our seniors. Again, that is why I commend the gentleman from New Jersey (Mr. PALLONE) for his efforts.

Mr. PALLONE. Mr. Speaker, I am going to just mention one more Republican because I cannot praise them too much here. It is interesting to see that some are standing up to their leadership. This one is the gentleman from Pennsylvania (Mr. PETERSON) who said he absolutely would vote against the measure unless more money is included for rural hospitals. He said once pharmacy is a part of Medicare, there will be no extra cash any more.

What he is referencing is the problem for rural areas because, as the gentleman knows, just like with the HMOs that do not offer, do not have benefits, we do not have HMOs in a lot of rural areas, the same problem will exist here because you do not have a guaranteed Medicare benefit. It is unlikely in a lot of rural areas there would be any kind of private drug policy offered, which is what the Republicans are saying. The concern is that rural areas will be left out, and there will be no insurance policies for them to buy.

The other thing is with regard to the pharmacies, particularly in rural areas. What would happen with a private insurance plan, just like with HMOs, they will decide what vehicle to use to

dispense the drugs. They may use a large chain or may decide to do it through mail order and not through the local pharmacy. There is a real problem with those in rural areas, our colleagues who are concerned about whether any benefit would be available at all because an insurance company would not sell in those areas. Or, secondly, if there is one, it will operate like an HMO and will exclude any kind of dispensing of medicine from the local pharmacy.

Of course, we in our bill do the opposite. We say this is a Medicare-guaranteed benefit, and you can go to any pharmacy or any outlet to buy the medicine.

Mr. Speaker, I yield to the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, again, I thank the gentleman for pointing out the many Republicans on the other side who understand this.

□ 2215

This is an age-old battle between Democrats and Republicans and why I feel it is so important that we vote side by side on the differences between the proposals and commend those Republicans who have come forward with their own concepts and are focused on pricing, because they are among the few and the brave and the valiant who are willing to go against their own conventional wisdom and ideology.

Roosevelt said it best during the struggles to bring Social Security to the forefront. He was amazed at the time that Republicans seemed to be, as he said, frozen in the ice of their own indifference to what the policies they would perpetrate would do to the American public. Frozen in the ice of their indifference to what their proposals would do to a Nation that is crying out for relief. That is why their Members who are standing up and maybe not in total unison with us but standing up for what they know is right for senior citizens deserve a great deal of credit.

It is my sincere hope that the Rules Committee will provide an opportunity for all of us to have an opportunity to vote on the measures that we believe will best provide relief for those we are sworn to serve in this country.

Mr. PALLONE. I want to thank the gentleman for joining me tonight. We probably can find out as soon as we yield back our time what is the situation with the Rules Committee. But, again, I agree with you. We just want this to be brought up, we want to have a debate, we want to have an opportunity for the Democratic position to be considered side by side with the Republican.

And it is not, at least I do not think for most of us it is really an issue that is partisan or even ideological. I just think the problem is we know that Medicare works. We have seen it work. We know that before the 1960s when Medicare came into being that it was virtually impossible for senior citizens

to buy any kind of insurance policy that was affordable, that would pay for their hospitalization or their doctor bills. That is why Medicare started, because the private sector did not provide that opportunity.

This has been a very good government program. It is a government program, so maybe some of our colleagues on the other side of the aisle have a problem with Medicare ideologically. I am sure some of them do. But you have to throw that aside and look at what is practical and what works for the American people. The Democrats are simply saying Medicare works; and the best way to provide this prescription drug benefit, really the only way in the system that we have, is for the government to expand Medicare to include prescription drugs, which is what we are advocating.

Again, I do not know whether it is the ideology or, maybe going back to what I said at the beginning, it is just the money from the prescription drug industry that prevents the Republican leadership from going ahead with a Medicare program and addressing the issue of price because that makes sense. I have to believe it is the money from the drug companies that is really behind the effort to stop a Medicare program.

CORPORATE GREED, THE PLEDGE OF ALLEGIANCE, AND COLORADO FIRES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes.

Mr. MCINNIS. Mr. Speaker, I have a number of subjects of which I wish to cover this evening. Of course, having the opportunity to come over and wait for my time allotment to speak to the Members here, you get to listen to the people that preceded you speaking. The gentleman from New Jersey (Mr. PALLONE) is a very capable individual and speaks very well. There is only one point I want to make clear about his conversations.

At the beginning of his remarks, he expressed some dismay that the Republican leadership may not be able to bring up the prescription care bill, the Medicare bill, this week. He was very discouraged by that. He talked about and gave some examples of people that needed prescription assistance and senior citizens and their trials and tribulations that they go through, of which of course we would all agree with.

What he did not point out was the fact that none of the Democrats want to help us. So there is a reason that that bill cannot come to the floor, and that is because we do not have bipartisan cooperation. The Republicans have asked the Democrats on a regular basis, pitch in and help us. Prescription care is a serious problem in this country. We have got to come up with some type of solution. We prefer to come up